

CITY OF BURIED



15811 AMBAUM BLVD SW STE C
BURIED WA 98166-3066
Phone: (206) 241-4647
Fax: (206) 248-5539

TAX RETURN INSTRUCTIONS:

1. Tax Return must be completed and returned even if no gambling activity occurred in the quarter.
2. Applicable penalties must be included with payment.
3. Enter gross receipts, allowed deductions, taxable revenue, and the calculated tax for each activity. Enter quarterly totals in the "Tax Total" and "Penalty" blocks. Enter your payment amount in the "Total Paid" block.
4. Complete "Business/Activity Changes" section (if applicable).

BUSINESS NAME:

GAMBLING TAX RETURN

(RCW 9.46.110, ORDINANCE 92-07, AS AMENDED)

For Quarter Ending: ☐ March 31
☐ June 30
☐ September 30
☐ December 31

DATE DUE: Payment and Tax Return due on the last day of the month following the end of the quarter.

ENCLOSURES REQUIRED: A copy of your Washington State Gambling Commission "Quarterly Report" must be enclosed with this Tax Return.

BUSINESS ACTIVITY CHANGES:

- ☐ Activities have been discontinued as of ____/____/____
- ☐ Business Ownership Change:
New Owner _____
Effective Date ____/____/____
- ☐ Address Change: _____

Activity	Gross Receipts	Allowed Deductions (-) Prize Amt. Paid Out	(=) Taxable Revenue	(x) Tax Rate	(=)TAX
Bingo				5%	
Raffles ¹				5%	
Amusement Games				2%	
Punchboards		none allowed		5%	
Pulltabs		none allowed		5%	
Cardrooms ²		none allowed		11%	

¹ Cardrooms pay 11% of gross yearly receipts over \$10,000.

² Non-profit/charitable organizations pay 10% of net annual raffle proceeds over \$10,000.

Tax Total

Penalty

Due from
Prior Qtr

Penalty
Tax

TOTAL PAID

Check No.

FILING INSTRUCTIONS

1. Make checks payable to: CITY OF BURIED.
2. Sign and date the Tax Return.
3. Enclose a copy of your Washington State Gambling Commission Quarterly Report.
4. Retain "Pink" Taxpayer copy and return "White" and "Yellow" copies with payment to: City of Burien, Finance Department, 415 SW 150th St., Burien, WA 98166.

For City Use Only

I declare under penalty of perjury that the information reported on this form is true and correct to the best of my knowledge.

SIGNATURE: (Officer of Organization)

Date

Print Name

ORIGINAL: City Copy - Remit with payment to City